

# AFFIDAVIT OF SURPLUS LINE BROKER FORM SL-2

State of \_\_\_\_\_

County of \_\_\_\_\_, City of \_\_\_\_\_

\_\_\_\_\_ states on oath that he or she is a duly LICENSED SURPLUS LINE BROKER for the State of Arkansas, and that the coverages were placed through the following listed companies and received by the broker during the month of \_\_\_\_\_, 20\_\_\_. He or She also states that, to the best of his or her knowledge, the placing of these coverages has been done in full compliance with the State of Arkansas and acknowledges that the information contained herein is true and correct to the best of his or her knowledge and belief.

Surplus Line Insurers Issuing Coverage	Amount of Premium	Expense of Underwriting	Tax Due (Prem. + Exp. x 4%)
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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Agency

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Surplus Line Broker's Signature Required

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Address

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Telephone Number

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_.

**INDIVIDUAL SHEETS (FORMS SL-2A) SHOWING THE COMPANIES AND PREMIUMS, FEES AND TAXES MUST BE ATTACHED TO THIS FORM.**

AGENCY NAME: \_\_\_\_\_  
INSURER NAME: \_\_\_\_\_

\* Column (2): If the name insured is a member of a Purchasing Group, please name Purchasing Group (Example: John Smith/XYZ Purchasing Group)  
 \*\*Column (7): Proper Designation: Binder, Audit, Endorsement, Excess, Monthly Report, Additional Premium, Return Premium